

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 116  
Registered No. 82

1. PLACE OF BIRTH

County Yuma State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Hayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Harold Dore Clendenen { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births \_\_\_\_\_ 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth Nov 2 1929  
Month Day Year

8. FATHER Full name Ray Emef Clendenen 14. MOTHER Full maiden name Katherine Graham  
9. Residence Christmas 15. Residence Christmas  
(Usual place of abode) (Usual place of abode)  
If non-resident, give place and state. Arizona If non-resident, give place and state. Ariz.

10. Color or race White 16. Color or race White 11. Age at last birthday 36 (Years) 17. Age at last birthday 25 (Years)

12. Birthplace (city or place) Croyal Co Texas 18. Birthplace (city or place) Lowell  
(State or country) (State or country)

13. Occupation Mechanic 19. Occupation Housewife  
Nature of Industry Nature of Industry

20. Number of children of this mother \_\_\_\_\_ (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 21. Were precautions taken against ophthalmic neonatorum? Yes  
(b) Born alive but now dead 1  
(c) Stillborn \_\_\_\_\_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles W. Smith

Given name added from a supplemental report \_\_\_\_\_ Address Hayden Arizona

Filed Nov 6 1929 Registrar M. D. Duck

Registrar

735-1102-574